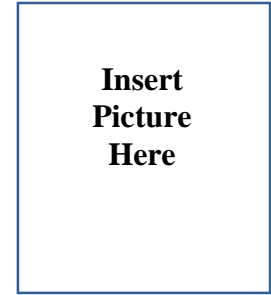




THE INTERNATIONAL PREPARATORY SCHOOL
Headmistress: Lesley Easton



Admissions Application (PG - Y1)

Date: _____

Full Name of child: _____

(Surname, First Name, Middle Name)

Age at time of application: _____ Date of Birth: _____

(DD/ MM / YYYY)

Primary Citizenship: _____ Other Citizenships: _____

Passport / Rut Number: _____

First Language: _____ Second Language: _____

Other languages (spoken at home): _____

If English is not the first language, how many years has the applicant studied English? _____

Country Grade/Year applying for: _____ Proposed Entrance: _____

Last grade completed: _____ Previous school: _____

Contact name and telephone number: _____

Family information:

Parent/Guardian 1: _____

Surname, First Name, Middle Name

Relationship to Child: _____



THE INTERNATIONAL PREPARATORY SCHOOL

Headmistress: Lesley Easton

RUT/Passport N°: _____ Nationality: _____

Profession: _____ Employer: _____

Educational Background: _____

College/University/Postgrad

Highest Level Study _____

Name of the Stablishment _____

Area of Study _____

Home Address: _____

Work address: _____

Home Temporary Address: _____

Home Telephone/Landline: _____ Telephone/Cellular: _____

Work Telephone: _____ Email 1: _____

Email 2: _____

Parent/Guardian 2: _____

(Surname, First Name, Middle Name)

Relationship to Child: _____

RUT/Passport N°: _____ Nationality: _____

Profession: _____ Employer: _____

Educational Background: _____

College/University/Postgrad

Highest Level Study _____

Name of the Stablishment _____

Area of Study _____



THE INTERNATIONAL PREPARATORY SCHOOL

Headmistress: Lesley Easton

Home Address: _____

Work address: _____

Home Telephone/Landline: _____ Telephone/Cellular: _____

Work Telephone: _____ Email 1: _____

Email 2: _____

Emergency contacts in and out of the country, in case parents are not available:

Name: _____ Address: _____

Telephone: _____ Email: _____

a) Sibling's information: Name, age, school, and grade level.

1) _____

2) _____

3) _____

CHILD INFORMATION: Mark with an X for Never, Seldom, Sometimes, Often or Always, complete as necessary.

A) Developmental information:

	Y	N	
Full term pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Premature birth	<input type="checkbox"/>	<input type="checkbox"/>	_____
Natural birth	<input type="checkbox"/>	<input type="checkbox"/>	_____
Delivery with complications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Apgar score	<input type="checkbox"/>	<input type="checkbox"/>	_____
Type of initial feed	<input type="checkbox"/>	<input type="checkbox"/>	_____
He/she started crawling at age	<input type="checkbox"/>	<input type="checkbox"/>	_____
First words at age	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walked at age	<input type="checkbox"/>	<input type="checkbox"/>	_____
Build phrases at age	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospitalized in the first 3 years of life	<input type="checkbox"/>	<input type="checkbox"/>	_____
Important illnesses (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	_____
He/she uses both left and right hand fluently	<input type="checkbox"/>	<input type="checkbox"/>	_____



Important Illnesses

B) General behaviour

	Never	Seldom	Sometimes	Often	Always
Sociable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jealous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affectionate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic about studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inconsistent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bites his/her nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solitary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reserved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audacious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meticulous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C) MEDICAL INFORMATION: Mark with an X and complete as necessary.

	Y	N	
Chronic diseases	<input type="checkbox"/>	<input type="checkbox"/>	
Mild listening disorders	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Visual deficiencies	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Surgeries	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Has presented seizures with or without fever	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Currently under medication (specify dosage)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Vaccines (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Allergies (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Physical difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>



Medications

Vaccines/Allergies:

LEARNING SPECIALIST, SPEECH THERAPIST, REPORTS? Y N

WHY? _____

WHEN? _____

HAS THE CHILD BEEN IN PSYCHIATRIC/PSYCHOLOGICAL, SPEECH, OR
NEUROLOGICAL TREATMENT? Y N

WHY? _____

WHEN? _____

D) REGARDING WORK AND PLAY

	Y	N	
Prefers a familiar activity	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gets easily fatigued	<input type="checkbox"/>	<input type="checkbox"/>	_____
Learns easily	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prefers didactic games	<input type="checkbox"/>	<input type="checkbox"/>	_____
Likes to work alone	<input type="checkbox"/>	<input type="checkbox"/>	_____



E) ATTITUDE TOWARDS STUDIES

Y N

He/she likes to attend school

He/she feels motivated to attend school

F) OTHERS

Access to Internet: How many hours per day?

YES

NO

1

2

3

4

5+

Write 3 Strengths and 3 Weaknesses that you see in your Child/Children:

Predominate Culture: Which culture does your child identify with?



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How did you first hear about the School? (If someone referred you, please tell us who)

This application form must be handwritten and completed in its totality to be considered in the admission process. You need to also attach a handwritten letter explaining why you would like your children to be part of the TIPS family.